



# Republican Policy Committee

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## Medical Testimony Demolishes President's Claims

### Senate Will Vote on Partial-Birth Abortion Veto Override

On September 19, 1996, by a vote of 285 to 137 (with 12 not voting), the House of Representatives voted to override President Clinton's April 10 veto of H.R. 1833, "The Partial-Birth Abortion Ban Act of 1995." The Senate could vote on the President's veto message as early as Tuesday, September 24. The Senate originally passed H.R. 1833 on December 7, 1995, by a vote of 54 to 44, with Senator Moynihan not voting. (Senator Moynihan has publicly stated he will support the override effort: "I think this is just too close to infanticide. A child has been born and it has exited the uterus and, what on Earth is this procedure?" [New York Post, "Pat says he'll vote to override prez's abortion-ban veto," 5/3/96])

"Partial-birth abortion," as defined in H.R. 1833 (Section 2), is "an abortion in which the person performing the abortion partially vaginally delivers a living fetus before killing the fetus and completing the delivery." Described in abortion industry literature as "D&X" (i.e., "dilation and extraction") or "intact D&E" (dilation and evacuation), the partial-birth procedure was described as follows in the *Los Angeles Times* of June 16, 1995:

**"The procedure requires a physician to extract a fetus, feet first, from the womb and through the birth canal until all but the head is exposed. Then the tips of surgical [i.e., blunt curved Metzenbaum] scissors are thrust into the base of the fetus' skull, and a suction catheter is inserted through the opening and the brain is removed."**

Under H.R. 1833, a person performing a partial-birth abortion would be subject to fines or imprisonment of up to two years, or both, plus civil damages. The mother is explicitly exempted from prosecution. In addition, the prohibition does not apply to "a partial birth abortion that is necessary to save the life of a mother whose life is endangered by a physical disorder, illness, or injury: Provided, That no other medical procedure would suffice for that purpose." (For further details, see RPC's *Legislative Notice No. 52(A)* Update of December 4, 1995.)

In his veto message of April 10, 1996 (*Congressional Record*, April 15, H 3338) and during a press conference on May 23, President Clinton justified his veto by claiming that the partial-birth procedure is medically necessary: (1) in "a small number of compelling cases"

(April 10); (2) to protect the mother from “serious injury to her health” (April 10); and (3) to avoid the mother’s “losing the ability to ever bear further children” (May 23).

Each of these assertions is demonstrably false. According to reputable medical testimony — plus evidence given by prominent *practitioners* of partial-birth abortion — the procedure is more widespread than its defenders have admitted, in the vast majority of cases when the partial-birth technique is used it is for elective (i.e., entirely non-medical) purposes, and it is *never* necessary to safeguard the mother’s health or fertility.

### ***Numbers of Partial-Birth Abortion***

- Defenders of the procedure, along with sympathetic press reports, claim that partial-birth abortion is rare. For example, the *New York Times* (3/28/96) reported: “**The number of procedures that meet the definition of partial birth abortion is very small, probably only 500 or 1,000 a year.**”
- However, these figures appear to be based on the public claims of just *two* prominent practitioners of the technique and the numbers they *personally* performed *per year*, without taking into account those performed by other abortionists. While the actual number of partial birth abortions is unknown, it is surely *much larger* than claimed by opponents of H.R. 1833.
- For example, as stated in the Bergen County, NJ, *The Sunday Record* (9/15/96): “**Interviews with physicians who use the method reveal that in New Jersey alone, at least 1,500 partial-birth abortions are performed each year.**” [emphasis added]
- “**Another [New York] metropolitan area doctor who works outside New Jersey said he does about 260 post-20-week abortions a year, of which half are by intact D&E. The doctor, who is also a professor at two prestigious teaching hospitals, said he had been teaching intact D&E since 1981, and he said he knows of two former students on Long Island and two in New York City who use the procedure.**” [*The Sunday Record*, 9/15/96]

### ***Reasons for Partial-Birth Abortion***

- There is abundant evidence that, contrary to the claims of H.R. 1833 opponents, partial-birth abortions are performed overwhelmingly on normal fetuses for elective (i.e., birth control) purposes.
- According to noted partial-birth abortion practitioner Dr. Martin Haskell: “**I’ll be quite frank: most of my abortions are elective in that 20-24 week range. . . . In my particular case, probably 20 percent are for genetic reasons. And the other 80 percent are purely elective . . .**” [*American Medical News*, 7/5/93]

- **“We have an occasional amnio abnormality, but it’s a minuscule amount,’ said one of the doctors . . . ‘Most [of the mothers] are Medicaid patients, black and white, and most are for elective, not medical, reasons: people who didn’t realize, or didn’t care, how far along they were.’” [The Sunday Record, 9/15/96]**
- **“It is possible — and maybe likely — that the majority of these abortions are performed on normal fetuses, not on fetuses suffering genetic or other developmental abnormalities. Furthermore, in most cases where the procedure is used, the physical health of the woman whose pregnancy is being terminated is not in jeopardy. . . . Instead, the ‘typical’ patients tend to be young, low-income women, often poorly educated or naive, whose reasons for waiting so long to end their pregnancy are rarely medical.” [The Washington Post, 9/17/96]**

### ***Maternal Health and Fertility***

- Perhaps the most emotionally charged argument against H.R. 1833 is the claim that a health exception is necessary to protect women from (in the President’s words of May 23) being “eviscerated” or “ripped to shreds.”
- This claim is roundly refuted by four specialists in OB/GYN and fetal medicine representing PHACT (Physicians’ Ad Hoc Coalition for Truth), a group of over 300 doctors, mostly specialists in OB/GYN, maternal and fetal medicine, and pediatrics, including former Surgeon General C. Everett Koop: **“Contrary to what abortion activists would have us believe, partial-birth abortion is *never* medically indicated to protect a woman’s health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman’s health and fertility.” [The Wall Street Journal, “Partial-Birth Abortion Is Bad Medicine,” 9/19/96; original emphasis]**
- The four PHACT physicians detail the nature of that threat, including forcible dilation of the cervix over several days resulting in “incompetent cervix,” the leading cause of premature deliveries; intentionally and dangerously causing a breech delivery during the procedure; and risking injury to the mother by forcing the scissors into the child’s head while it is still in her body.
- They also deny that fetal abnormality would ever indicate partial-birth abortion: **“In some cases, when vaginal delivery is not possible, a doctor performs a Caesarian section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant.”** (The full text of the *Wall Street Journal* piece is attached.)

# Partial-Birth Abortion Is Bad Medicine

By NANCY ROMER, PAMELA SMITH, CURTIS R. COOK AND JOSEPH L. DECOOK  
The House of Representatives will vote in the next few days on whether to override President Clinton's veto of the Partial Birth Abortion Ban Act. The debate on the subject has been noisy and rancorous. You've heard from the activists. You've heard from the politicians. Now may we speak?

We are the physicians who, on a daily basis, treat pregnant women and their babies. And we can no longer remain silent while abortion activists, the media and even the president of the United States continue to repeat false medical claims about partial-birth abortion. The appalling lack of medical credibility on the side of those defending this procedure has forced us—for the first time in our professional careers—to leave the sidelines in order to provide some sorely needed facts in a debate that has been dominated by anecdote, emotion and media stunts.

Since the debate on this issue began, those whose real agenda is to keep all types of abortion legal—at any stage of pregnancy, for any reason—have waged what can only be called an orchestrated misinformation campaign.

First the National Abortion Federation and other pro-abortion groups claimed the procedure didn't exist. When a paper written by the doctor who invented the procedure was produced, abortion proponents changed their story, claiming the procedure was only done when a woman's life was in danger. Then the same doctor, the nation's main practitioner of the technique, was caught—on tape—admitting that 80% of his partial-birth abortions were "purely elective."

Then there was the anesthesia myth. The American public was told that it wasn't the abortion that killed the baby, but the anesthesia administered to the mother before the procedure. This claim was immediately and thoroughly denounced by the American Society of Anesthesiologists, which called the claim "entirely inaccurate." Yet Planned Parenthood and its allies continued to spread the myth, causing needless concern among

our pregnant patients who heard the claims and were terrified that epidurals during labor, or anesthesia during needed surgeries, would kill their babies.

The latest baseless statement was made by President Clinton himself when he said that if the mothers who opted for partial-birth abortions had delivered their children naturally, the women's bodies would have been "eviscerated" or "ripped to shreds" and they "could never have another baby."

That claim is totally and completely false. Contrary to what abortion activists would have us believe, partial-birth abortion is *never* medically indicated to protect a woman's health or her fertility. In fact, the opposite is true: The procedure can pose a significant and immediate threat to both the pregnant woman's health and her fertility. It seems to have escaped anyone's attention that one of the five women who appeared at Mr. Clinton's veto ceremony had five miscarriages after her partial-birth abortion.

Consider the dangers inherent in partial-birth abortion, which usually occurs after the fifth month of pregnancy. A woman's cervix is forcibly dilated over several days, which risks creating an "incompetent cervix," the leading cause of premature deliveries. It is also an invitation to infection, a major cause of infertility. The abortionist then reaches into the womb to pull a child feet first out of the mother (internal podalic version), but leaves the head inside. Under normal circumstances, physicians avoid breech births whenever possible; in this case, the doctor intentionally causes one—and risks tearing the uterus in the process. He then forces scissors through the base of the baby's skull—which remains lodged just within the birth canal. This is a partially "blind" procedure, done by feel, risking direct scissor injury to the uterus and laceration of the cervix or lower uterine segment, resulting in immediate and massive bleeding and the threat of shock or even death to the mother.

None of this risk is ever necessary for any reason. We and many other doctors

across the U.S. regularly treat women whose unborn children suffer the same conditions as those cited by the women who appeared at Mr. Clinton's veto ceremony. Never is the partial-birth procedure necessary. Not for hydrocephaly (excessive cerebrospinal fluid in the head), not for polyhydramnios (an excess of amniotic fluid collecting in the women) and not for trisomy (genetic abnormalities characterized by an extra chromosome). Sometimes, as in the case of hydrocephaly, it is first necessary to drain some of the fluid from the baby's head. And in some cases, when vaginal delivery is not possible, a doctor performs a Caesarean section. But in no case is it necessary to partially deliver an infant through the vagina and then kill the infant.

How telling it is that although Mr. Clinton met with women who claimed to have needed partial-birth abortions on account of these conditions, he has flat-out refused to meet with women who delivered babies with these same conditions, with no damage whatsoever to their health or future fertility!

Former Surgeon General C. Everett Koop was recently asked whether he'd ever operated on children who had any of the disabilities described in this debate. Indeed he had. In fact, one of his patients—"with a huge omphalocele [a sac containing the baby's organs] much bigger than her head"—went on to become the head nurse in his intensive care unit many years later.

Mr. Koop's reaction to the president's veto? "I believe that Mr. Clinton was misled by his medical advisers on what is fact and what is fiction" on the matter, he said. Such a procedure, he added, cannot truthfully be called medically necessary for either the mother or—he scarcely need point out—for the baby.

Considering these medical realities, one can only conclude that the women who thought they underwent partial-birth abortions for "medical" reasons were tragically misled. And those who purport to speak for women don't seem to care.

So whom are you going to believe? The activist-extremists who refuse to allow a little truth to get in the way of their agenda? The politicians who benefit from the activists' political action committees? Or doctors who have the facts?

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